



## GENERAL QUESTIONS

1. Describe, in detail, the nature and location(s) of your Montana activities (If necessary, please provide the description on an additional page): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No

\_\_\_ \_\_\_

2. Is this the corporation's first return?

If so, please indicate whether:

\_\_\_\_\_ New business

\_\_\_\_\_ Successor to previously existing business

Enter name, address, and FEIN of previous business: \_\_\_\_\_  
\_\_\_\_\_

Yes No

\_\_\_ \_\_\_

3. Is this the corporation's final return?

If so, indicate whether:

\_\_\_\_\_ Withdrawn

\_\_\_\_\_ Dissolved

\_\_\_\_\_ Merged

\_\_\_\_\_ Reorganized.

Date of withdrawal, dissolution, merger, or reorganization: \_\_\_\_\_

If your status has been changed as a result of dissolution, merger, or reorganization; attach a statement with the details.

Yes No

\_\_\_ \_\_\_

4. Is this a consolidated return?

If "Yes," ATTACH a list of all companies and their FEIN included in the return.

Yes No

\_\_\_ \_\_\_

5. Are you included as a member of a consolidated group for U.S. Consolidated Income Tax Purposes?

If "Yes," you MUST attach pages 1 through 4 of the **consolidated** U.S. Corporation Income Tax Return (Form 1120) and a schedule of gross income and deductions, by company, supporting the consolidated taxable income. If you are a member of an affiliated group of corporations, you MUST attach a list of the names of any other corporation within the group which files a Montana Corporation License Tax return.

Yes No

\_\_\_ \_\_\_

6. Have there been any changes to your federal taxable income (Form 1120), due to federal Internal Revenue Service audits, that you have not notified the Department of Revenue about?

If "Yes," indicate the most recent taxable year and completion date for which an Internal Revenue Service audit has been completed: \_\_\_\_\_  
\_\_\_\_\_

Yes No

\_\_\_ \_\_\_

7. Are any statute of limitation waivers currently in force which have been executed with the Internal Revenue Service?

If "Yes," which taxable years are covered and what are the expiration dates of the waivers? \_\_\_\_\_  
\_\_\_\_\_

Yes No

\_\_\_ \_\_\_

8. Has an amended federal return been filed for any of the last five (5) taxable years?

If "Yes," which taxable year(s) were amended? \_\_\_\_\_  
\_\_\_\_\_ If "Yes," has an amended Montana return been filed? \_\_\_\_\_

**SCHEDULE C:****FEIN:****YEAR** \_\_\_\_\_

Type of Credit	Amount of Credit	
1 Montana Capital Company Credit <b>(Form MCC1-84)</b>		
2 New/Expanded Industry Credit		
3 Interest Differential Credit		
4 Montana Dependent Care Assistance Credit <b>(Form DCA-CT)</b>		
5 Montana College Contribution Credit <b>(Form CC-CT)</b>		
6 Montana Disability Insurance for Uninsured Montanans Credit <b>(Form DIPC-CT)</b>		
7 Montana Recycling Credit <b>(Form RCYL-CT)</b>		
8 Wind Energy Producers Credit <b>(Form MW-1)</b>		
9 Contractor's Gross Receipts Tax Credit		
10 Credit for Alternative Fuel Motor Vehicles Conversion		
11 Infrastructure Users Fee Credit		
12 Charitable Endowment Contribution Credit <b>(Note. This is a new credit)</b>		
13 Montana Investment Tax Credit Carryforward (years beginning prior to 1/1/83)		
14 Less: Investment Tax Credit Recapture	(	)
<b>TOTAL CREDITS</b> (enter here and on line 12 of the CLT-4)		

**NOTE:** To receive these credits, the prescribed Corporation Tax forms (form numbers are noted above) or a detailed schedule **must** be attached with this schedule to your CLT-4.

